

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

No. 40-62-019916

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 94

FILED JUN 15 1962

VS 300
Rev. 4/59b960
28310

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New York b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural---Union Twp.		c. CITY OR TOWN Hewlett Harbor, Long Is.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Missouri		d. STREET ADDRESS (If outside, give location) 1350 E. Boxwood Drive	
3. NAME OF DECEASED (Type or print) First Middle Last Sidney Herbert Goldberg		4. DATE OF DEATH Month Day Year May 22 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-10-04
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec.-treas. Lenora Incorporated		9. AGE (last birthday) 57	11. BIRTHPLACE (City and state or country) Russia
13a. FATHER'S NAME David Goldberg		13b. MOTHER'S MAIDEN NAME Bryna Gordon	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries from plane crash Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Crash of Continental Flight 11	
20c. TIME OF INJURY Hour a.m. p.m. 9:45 p.m.	Month, Day, Year 5-22-62	20f. CITY, TOWN, OR LOCATION Union Twp.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm	COUNTY Putnam	STATE Mo.
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at 9:45 p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chas. L. Field		22b. ADDRESS Unionville, Missouri	22c. DATE SIGNED 5-25-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-24-62	23c. NAME OF CEMETERY OR CREMATORY Unionville, La.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Hugh J. Johnson		25. DATE RECD. BY LOCAL REG. 5-24-62	26. REGISTRAR'S SIGNATURE Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

1961 JUN 1 SAT

JUL 10 1962

DEC 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student: _____
Signature of Student Embalmer

Signed

Hugh L. Johnson

Licensed Embalmer No.

3487

P. O. Address

Greenville, S.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.